

Fill in this information to identify the case:

Debtor 1 Andrew R Gross

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of Pennsylvania (State)

Case number 20-14495-mdc

Form 4100S

Supplemental Proof of Claim for Forbearance Claim

02/21

Please be advised: This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) if the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § 9056 or 9057). To the extent the Debtor was provided a forbearance on a loan not covered by the CARES Act, this Supplemental Proof of Claim is filed to provide notice of the loan status and COVID related relief provided to the Debtor. "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f) or creditor that granted a forbearance on a loan not covered by the CARES Act.

Name of creditor: Wells Fargo Bank, N.A.

Court claim no. (if known):
2-1

Last 4 digits of any number you use to identify the debtor's account: 7091

Property address: 325 Peachtree Dr

Number Street
Jenkintown PA 19046
City State ZIP Code

Part 1: Amount of Loan That Was Not Received During Forbearance Period

List of payments not received during forbearance period:

Forborne (FB) Payment Date	FB Payment Amount	Payment Amount Received During Forbearance	Date Funds Received	FB Payment Amount Remaining
4/1/2020	\$391.01		Deferral	\$0.00
5/1/2020	\$351.22		Deferral	\$0.00
6/1/2020	\$351.78		Deferral	\$0.00
7/1/2020	\$352.38		Deferral	\$0.00
8/1/2020	\$352.94		Deferral	\$0.00
9/1/2020	\$353.09		Deferral	\$0.00
10/1/2020	\$353.10			\$353.10(Included in POC)
11/1/2020	\$353.14			\$353.14(Included in POC)
12/1/2020	\$353.76	\$360.00	8/30/2021	\$0.00
1/1/2021	\$353.74	\$360.00	9/28/2021	\$0.00
2/1/2021	\$354.36			\$341.86
3/1/2021	\$354.95			\$354.95
4/1/2021	\$355.53			\$355.53
5/1/2021	\$356.25			\$356.25
6/1/2021	\$356.85			\$356.85
7/1/2021	\$357.49			\$357.49
8/1/2021	\$358.09			\$358.09
9/1/2021	\$359.38			\$359.38

The Debtor's(s') COVID related forbearance protection has expired. This COVID Forbearance Supplemental Proof of Claim (SPOC) may include forborne payments that are already reflected as a pre-petition arrearage on Wells Fargo's proof of claim (POC). To that extent, Wells Fargo is not attempting to receive double payment for those amounts, and those amounts should be paid only once, whether as part of the POC arrearage or the SPOC amount. Wells Fargo is including those amounts on this SPOC to accurately reflect the total amounts outstanding pursuant to the forbearance.

Total of payments not received during forbearance period: \$2,840.40

Part 2: Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

- ☐ Other.
- ☐ Yes. Attach copies of the writing outlining the modification or deferral:
 - ☐ The loan was modified as follows:
 - ☐ The amount of forborne payments and the deferral date:
 - ☐ See Docket Entry(ies) _____

☒ No. If they have not already done so, Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor. The Debtor may contact Wells Fargo Home Mortgage to discuss a personalized solution at 1-800-274-7025. Written attorney consent may be required to speak directly with the Debtor about these options.

Part 3: Sign Here

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

☒ I am the creditor.

☐ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

x /s/Karen Sue Branas

Date 12/14/2021

Signature

Print Karen Sue Branas
First Name Middle Name Last Name

Title _____

Company Wells Fargo Bank, N.A. Default Document Processing

Address P.O. Box 1629 N9286-01Y
Number Street
Minneapolis MN 55440-9790
City State ZIP Code

Contact phone (877) 891-0002

Email HEQBANKRUPTCYCH13@wellsfargo.com